



**Leeds Trinity
University**

**Evaluating the effect and impact of
Mindful Employer Interventions in
two organisations:
The results of a ten-month study**

**Nina Fryer and Dr Ian Kenvyn
School of Social & Health Sciences**

**n.fryer@leedstrinity.ac.uk;
i.kenvyn@leedstrinity.ac.uk**

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1. Executive Summary.

1.1 Introduction

Between December 2015 and October 2016, a series of activities which aimed to improve culture and practices around mental health were delivered in two employers based in Leeds. The activities were delivered by Mindful Employer (ME) Leeds in partnership with Leeds Mind.

This report presents the results of an independent academic evaluation of the impact of this intervention, carried out by Dr Ian Kenvyn and Nina Fryer from the School of Social and Health Sciences at Leeds Trinity University.

The evaluation took place in two stages. The first stage preceded the intervention and was used to inform development of the intervention. The second stage took place after the interventions were completed, and was used to evaluate the changes in culture and perceptions around mental health in the two workplaces. Each stage of the evaluation included a quantitative on-line survey, followed by a series of qualitative interviews with staff across all levels in each organisation.

This report presents the results from the evaluation, differentiating between the two employers, and picking up on general themes in relation to positive mental health promotion in the workplace.

The evaluation protocol received ethical approval from Leeds Trinity University's Ethical Approval Panel.

1.2 Participants

Two employers participated in this intervention. Employer A is a financial services company with about 100 employees. Employer B is a third-sector social housing organisation of 64 employees in their Leeds office. Both aspire to gaining 'Mindful Employer' status but have not had previous dealings with ME until being involved with this evaluation.

1.3 Interventions

A varied range of interventions were carried out across the two employers, and the evaluation did not distinguish between the impacts of the individual interventions, as identifying any overall cultural change was the key evaluation objective. Interventions included:

- Mindful Employer supporting the employers with their communications around mental health in the workplace.
- Providing information to raise the awareness of staff co-ordinating the intervention of the range and breadth of services available to support mental health.
- Providing information for staff on relevant documents and reports to support mental health interventions in the workplace.
- Support for development of a Mental Health Action Plan.
- Delivery of training to staff on Mental Health Awareness, delivered to staff with and without line management responsibility.
- Staff attended the Mindful Employer Conference in June 2016.
- Regular distribution of Mindful Employer Newsletters and updates.
- Provision of Mindful Employer Network Events

1.4 Key Findings

The evaluation clearly shows that there is a positive effect for employers engaging with the Mindful Employer (ME) interventions. There is a clear engagement with the issues of stigma and general lack of education towards both mental ill-health. Also there is the potential for a culture-shift towards proactively engaging with a more positive environment that could support mental health and wellbeing (rather than simply dealing with the consequences of a lack of mental health).

For the two employers who engaged with this evaluation there were very different stories; for Employer A there was previously very low awareness or discussion of mental health and wellbeing, while for Employer B operates in an environment that is very sensitive and empathetic towards mental health, particularly for their clients.

The results show that there was a very clear and measurable positive effect within Employer A and the ME interventions were impactful upon culture, rhetoric and practice. At Employer B the story is less clear, this was an employer that already had an educated workforce (as far as mental health and wellbeing is concerned) so the improvement is less marked, with some scores improving while others remain static or regress. However, it is noteworthy that Employer B already had a positive environment and that the overwhelming picture is of an employer where there are high levels of emotional literacy towards mental health and wellbeing. A further factor for Employer B was a restructuring necessitated by external funding, the uncertainty surrounding this is clearly casting a long shadow across the organisation.

1.5 Summary

The final evaluation suggests that the ME intervention is effective; it has had greatest impact within the organisation that had the most latent potential – and therefore the greatest room to improve (Employer A). Where there was already an informed and accepting culture (Employer B), there was also a positive effect from engagement with the ME interventions, but here attribution is less clear and the cultural shift is more subtle and nuanced.

The clear challenge is to seek mechanisms that refresh the attitude and thinking towards mental health and wellbeing in any organisation; as ME interventions become more embedded there may come a point of diminishing returns and therefore long-term and sustainable change must also include an element of refreshing the offer and the challenge presented by positive engagement with the mental health and wellbeing agenda.

1.6 Acknowledgements

The evaluation team would like to thank both participating employers and their employees, who contributed and gave their time to supporting this evaluation. We would also like to thank Mindful Employer Leeds, for liaising with the participating employers. Without this support, the evaluation would not have been completed.

2. Introduction and overview.

Most adults spend upwards of 60% of their lives in the workplace and following Dame Carol Black's report 'Working for a Healthier Tomorrow'¹ in 2008 there has been a growing recognition that good work is good for health. Indeed, the Institute of Directors support the view that having a healthier workforce is also good for the employer in terms of productivity, reduced sickness, reduced staffing costs in terms of turn-over and the reputational benefits that come with being recognised as a 'good' employer.

The workplace wellbeing approach is supported by the Department of Health 'Healthy People=Healthy Profits'² publications in 2009 and the NHS Prevention and Lifestyle behaviour Change Competence Framework³ of 2010. These publications show how major strategic organisations are urging the recognition that there are potential multiple benefits to all stakeholders;

- for employers in terms of the bottom line and workforce loyalty,
- individual personal benefits for employees in terms of health and wellbeing,
- these will also translate into a social setting of community and family benefit and
- at a national level potential for positive outcomes in terms of reductions on the cost burden on the NHS.

The 2011 government white paper 'No health without mental health'⁴ makes a compelling argument to revision practice around mental health at a strategic level. The challenge that is laid down for employers is how they might engage positively with these issues when high level strategic statements come to be translated into actions and policies in the workplace. This is brought into sharp focus when the statistics suggest that the average time away from the workplace with a physical illness is five days, while the average time away from the workplace with a mental ill health issue is eight weeks – but early and effective intervention has been proven to dramatically reduce this, to the benefit of all concerned.

There is also an argument that employers who have engaged positively with the mental health and wellbeing agenda have a better general level of productivity within a workforce that is more stable in terms of turn-over, also the reputational and kudos benefits of being seen as a 'good' employer will attract the most able and well-qualified recruits to such an organisation.

Mindful Employer (ME) are established as an organisation that can support employers in engaging with the challenges presented within the mental health and wellbeing agenda by supporting them in developing practice and policies that engage with that agenda. This is achieved via training, seminars and other interventions with the objective of the employer being able to be badged as a Mindful Employer.

This report critically evaluates the impact of Mindful Employer interventions in two SME settings in the Leeds region;

Employer A is a financial services company with about 100 employees

Employer B is a third-sector social housing organisation with 64 employees in their Leeds office.

Both aspire to gaining 'Mindful Employer' status but have not had previous dealings with ME until being involved with this evaluation.

It is perhaps surprising that there has not been a critical evaluation of the impacts of ME within the workplace prior to this report. The evaluation itself has been robust and systematic and has made best use of tried and tested approaches.

The research team used a two element research instrument; an on-line survey via each organisations' intranet and a cross-sectional semi-structured interview to gain opinion and attitude and add depth to the statistics coming from the on-line survey. This was applied twice; firstly in late 2015 to establish a base-line. Following which ME delivered a series of interventions in the two workplaces. Ten months later in autumn 2016 the research was repeated and the difference between the base-line and the repeat measure charts the distance travelled by the two employers in terms of mental health and wellbeing.

The subsequent sections of this report will outline in more detail the methods and instruments used to gather the responses. The key evaluation findings are presented and discussed in sections three and four, with each employer being discussed separately. Section five concludes with a consideration of the implications for designing interventions in the workplaces. Detailed survey findings are presented in a series of appendices.

2.1 The Intervention

A varied range of interventions were carried out across the two employers, and the evaluation did not distinguish between the impacts of the individual interventions, as the overall cultural change was the key evaluation objective. Interventions included:

- Mindful Employer supporting the employers with their communications around mental health in the workplace.
- Providing information to raise the awareness of staff co-ordinating the intervention of the range and breadth of services available to support mental health.
- Providing information for staff on relevant documents and reports to support mental health interventions in the workplace.
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- Staff attended the Mindful Employer Conference in June 2016.
- Regular distribution of Mindful Employer Newsletters and updates.
- Provision of Mindful Employer Network Events
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2.2 Nature and scope of the evaluation.

A two-phase research method was applied; an on-line survey instrument (based on previously validated instruments) followed by a series of interviews within the two organisations. The on-line instrument is adapted from a tools that have been used in evaluating the Time to Change initiative⁵, are used as part of the Workplace Wellbeing Charter⁶, and are used in research by the Centre for Applied Research in Mental Health and

Addiction⁷. An initial email with a link to the electronic survey was sent to all employees via Leeds Trinity University. The survey was open for two weeks (December 7th to 20th 2015) in Employer A, and for three weeks (December 14th to January 8th 2016) in Employer B (Leeds). A follow-up reminder was sent after one week.

In terms of response rates, for the baseline survey, Employer A achieved a 50% response rate and Employer B a 45% response rate. For the post-intervention survey, Employer A achieved a 53% response rate and Employer B achieved a 39% response rate. In research terms these are healthy rates and suggest that there is a strong level of reliability from the scores.

The second phase of the study involved a series of interviews with individuals within the two companies. The respondents came from a range of functions and responsibilities within the two companies, from the boardroom to 'standard' operatives, including HR staff from both settings.

In each setting there were between seven and eight 20 minute interviews across a cross-section of the organisation as outlined above. In this way there were 15 interviews sitting alongside the on-line survey data for phase one. There were a similar number of interviews conducted in the second phase and these interviews looked in particular at issues of contact with the ME interventions, cultural 'shift', enablers, obstacles and sustainability in the context of mental health and wellbeing in the workplaces.

The base-line short interviews explored any lived experience of mental health issues and discussed perceptions of mental health and wellbeing in the workplace including attitudes of managers and co-workers to these issues.

3. Changes from base-line to post intervention Employer A

3.1 Employer A: On-line Survey Results

3.1.1 Key findings

- Around 50% of staff participated in the survey, at both time 1 and time 2. Staff were not tracked across the two intervals so each survey represents discrete responses.
- The intervention has had a positive effect on staff perceptions of the culture around mental health at Employer A, with mean scores across every category improving post intervention.
- Although many of the interventions were targeted at line managers, the positive change has been felt across all respondents, including those both with and without line management responsibility.
- The improvement for males has been smaller than the improvement for females, suggesting that future activity needs to consider strategies for addressing this.
- Respondent confidence that they would be supported by line management if they disclosed a mental health issue is high, however staff willingness to disclose is only just above 50%.

3.1.2 Response rates and demographics

The baseline survey at Employer A was open for two weeks, from the 7th to the 20th December 2015. An initial email with a link to the electronic survey was sent to all employees via Leeds Trinity University, and a follow reminder was sent after one week. The survey achieved a 50% response rate, with 51 employees completing the survey during the two weeks that it was open. Of these employees, 52.9% (n=27) were female and 47.1% (n=24) were male. 39.2% (n=20) staff who completed the survey had line management responsibility for other staff, and 60.8% (n=31) did not have line management responsibility for other staff. Staff from a range of job categories completed the survey, however the most responses were received for staff at Level 6 and Level 10.

The second survey at Employer A was open for two weeks, from the 5th to the 16th September 2016 and followed the same distribution process. The survey achieved a 53% response rate, with 56 employees completing the survey during the two weeks that it was open. This response rate is an improvement on the 51% response rate achieved at time 1 and is viewed as acceptable for representing the views of the employees of Employer A. Of these employees, 51.8% (n=29) were female and 48.2% (n=27) were male, a very similar gender distribution to the time 1 survey. 41.1% (n=23) staff who completed the survey had line management responsibility for other staff, again a similar response rate from line managers to the time 1 survey. These similarities mean that the two survey results can be compared with confidence. Staff from a range of job categories completed the survey however, similar to the baseline survey, the most responses were received for staff at Level 6 and Level 10 or 11.

Analysis of responses by staff group for any group with less than ten responses was not carried out, as agreed with staff as part of the survey consent information.

The analysis is divided into five key categories, which formed the structure of the baseline survey.

- a) Awareness of policies and procedures
- b) Workplace culture around mental health at work
- c) Individual employees and their actions around mental health at work
- d) Staff perception of line manager knowledge and support around mental health at work
- e) Line managers' awareness and practice.

The responses to the post intervention survey are considered with reference to the baseline survey responses, to identify changes achieved. The analysis concentrates on percentages of staff who agree and disagree with the various statements in the survey.

3.1.3 Summary of key findings by theme

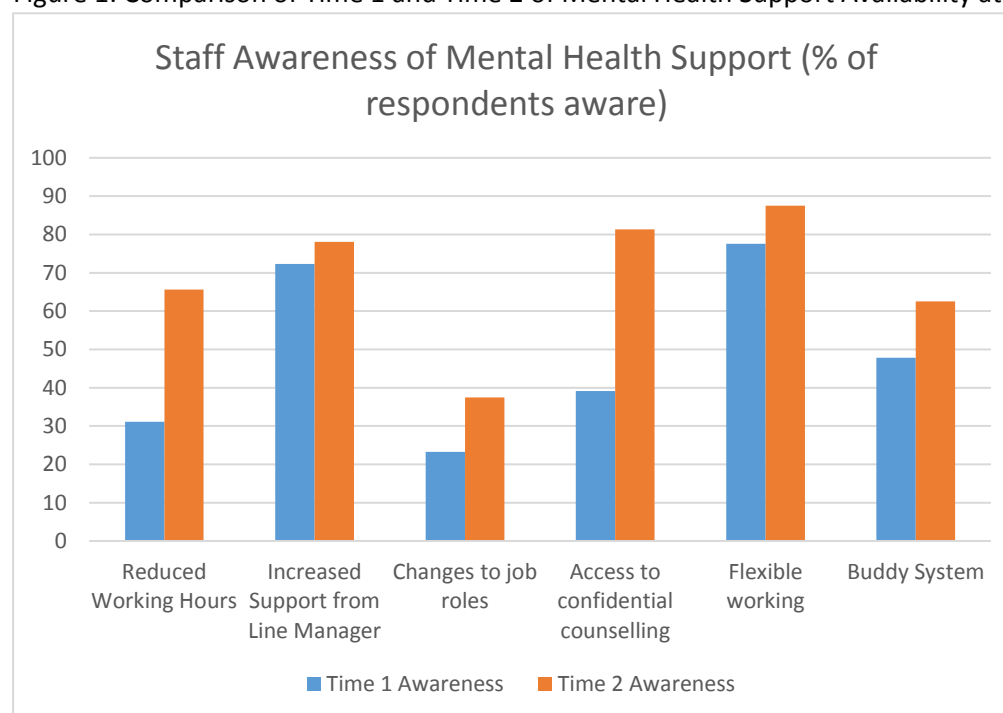
Awareness of Policy and Procedures

Before the intervention, most respondents did not know if there was a formal policy on stress and mental health in the workplace. Only 7.8% of respondents (n=4) reported that Employer A had a formal policy, 13.7% (n=7) reported that Employer A did not have a formal policy, and 78.4% (n=40) replied 'don't know' to this question. Following the intervention, a majority of

respondents knew that there was a formal policy, with an increase to 57.1% of respondents now responding yes to this question (n=32), and only 10.7% of respondents saying no (n=6). Clearly this is positive progress from the time 1 survey, but further work was indicated, as 32.1% of respondents still replied 'don't know' to this question (n=18).

In both surveys, respondents were offered a list of accommodations that have been available across the UK employment sector to support staff with mental ill health in the workplace. Staff awareness of the availability of support across every category increased from following the intervention, with staff reporting high awareness of the availability of flexible working arrangements (increase from 77.6% to 87.5%), buddy system (increase from 47.8% to 62.5%), access to confidential counselling or other professional support (increase from 39.1% to 81.3%) increased support from line managers (increase from 72.3% to 78.1%). Staff reported lower, but not decreased levels of awareness of changes to job roles as an accommodation (increase from 23.3% to 37.5%).

Figure 1: Comparison of Time 1 and Time 2 of Mental Health Support Availability at G&E.



Workplace culture around mental health at work

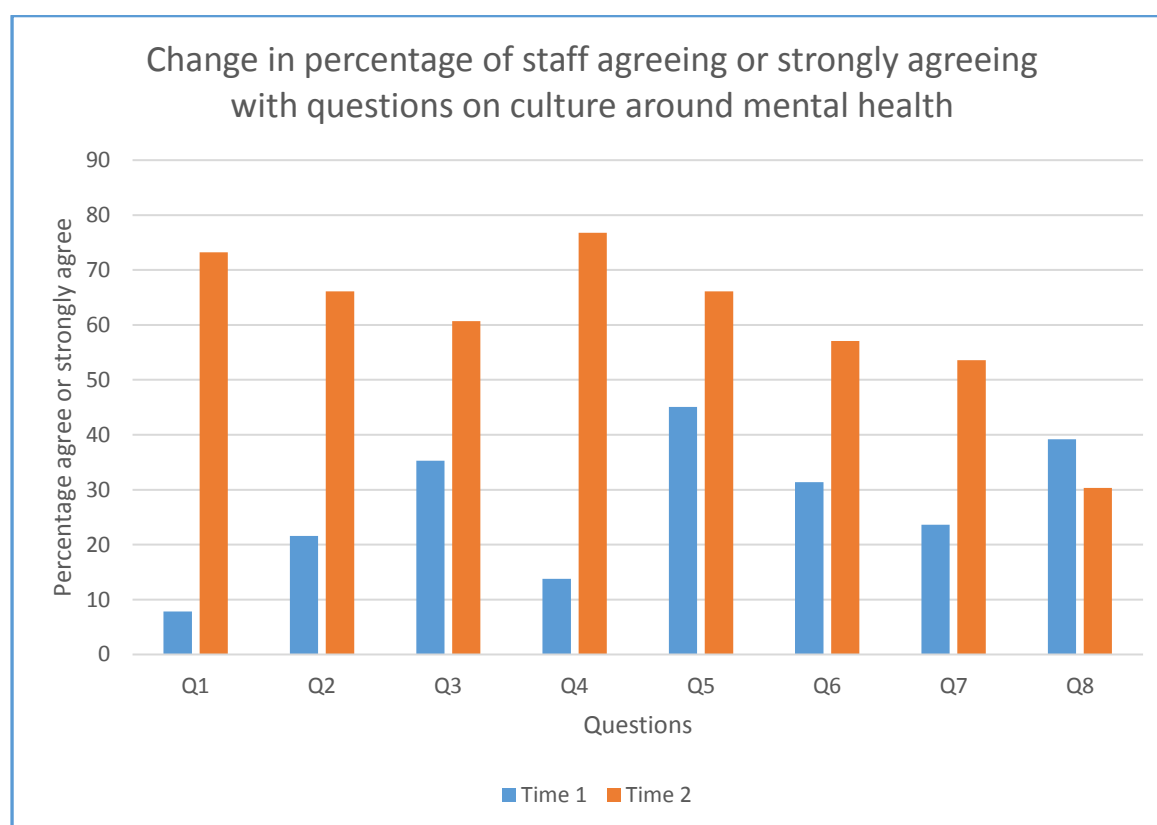
Eight questions were asked that related to the culture around mental health at Employer A.

1. My employer provides information to employees which helps to reduce stigma around mental ill health
2. My workplace offers services or benefits that adequately address employee psychological and mental health

3. My workplace supports employees who are returning to work after time off due to a mental health condition
4. My employer offers training in recognizing or responding to mental ill health in the workplace
5. My employer treats employees with mental ill health fairly
6. Senior management encourage a consistent and positive approach to employee well-being throughout the organisation
7. My employee review and development processes provide opportunities to discuss mental wellbeing
8. I was asked to disclose any mental health difficulties when I was recruited by my organisation

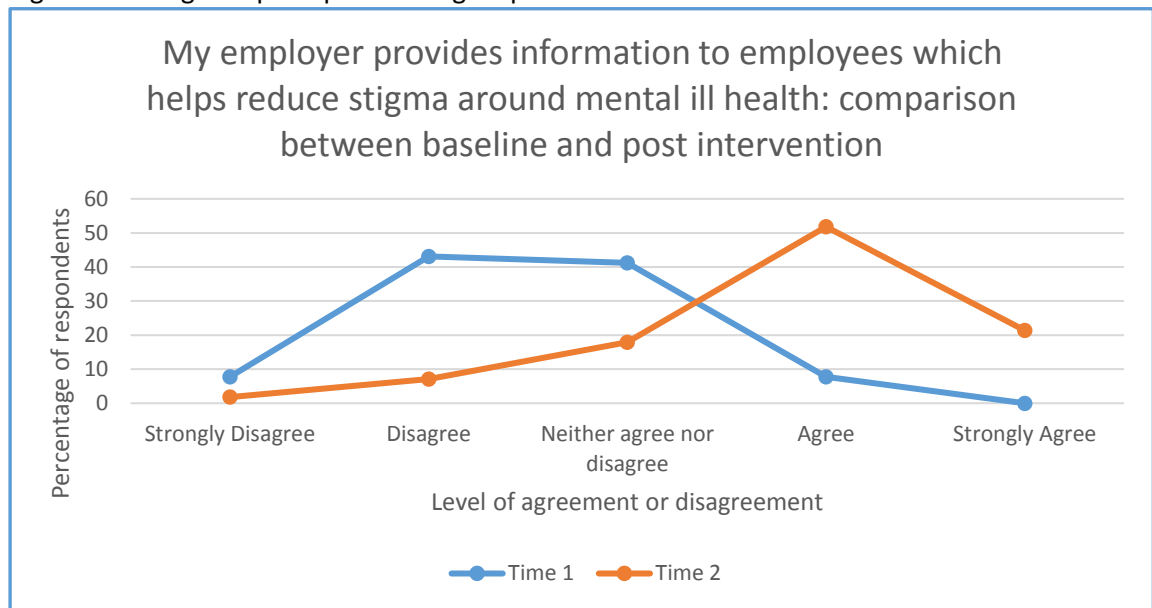
For every question, the percentage of respondents who agreed or strongly agreed increased from time 1 to time 2 (see Figure 2). In addition, the mean score for all of the responses on culture also increased from time 1 to time 2 (see Appendix 2). This indicates that there have been cultural changes at Employer A around mental ill health, and this was followed up in the qualitative interviews.

Figure 2: Changes in level of agreement for each question regarding culture of mental health



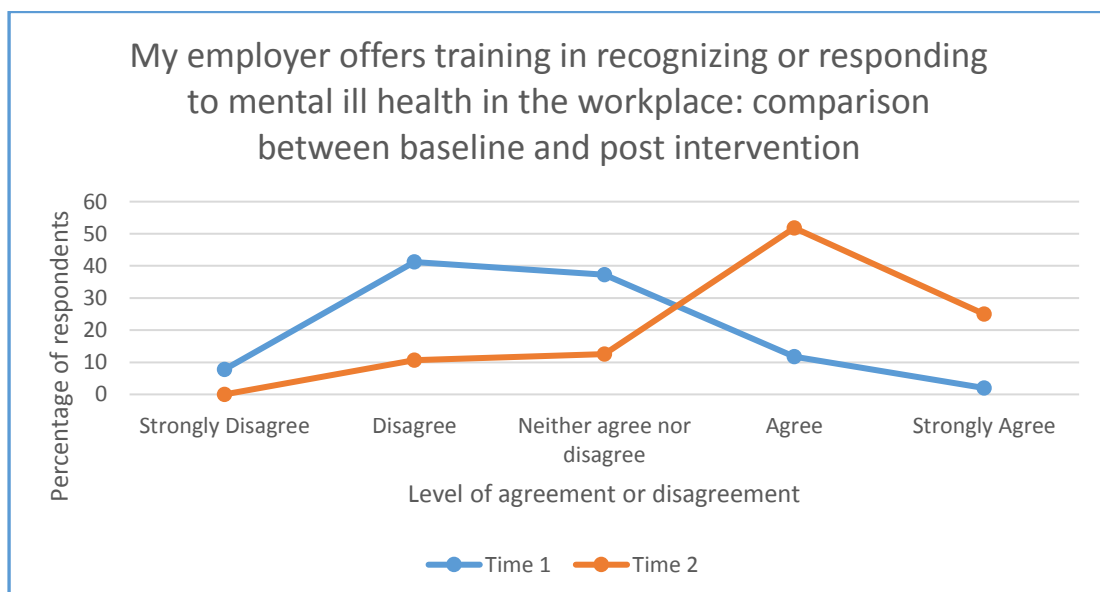
Of particular note in this category, there was a huge and positive shift in the percentage of respondents who reported that Employer A provides information that would help reduce the stigma of mental ill health (73.2% of respondents agreeing or strongly agreeing that such information was available compared with 7.8% at time 1) (see Figure 3).

Figure 3: Changes in perception of stigma prevention for mental ill health



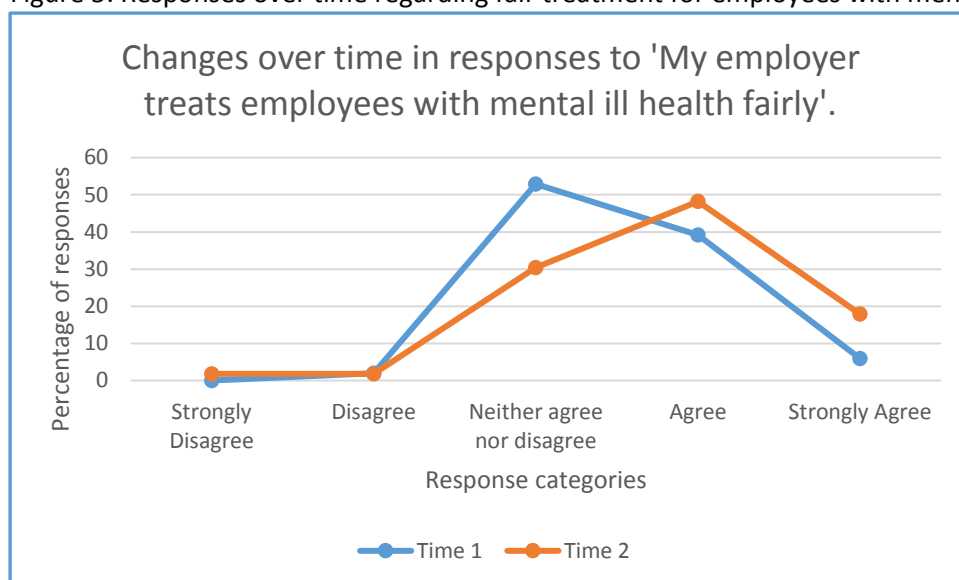
Another positive result is that 76.8% of respondents reported that they agreed or strongly agreed that Employer A offered training in recognising or responding to mental ill health in the workplace, in contrast to 13.8% at time 1. This was highlighted as an area of need arising from the time 1 survey and this result indicates that the intervention has been effective (see Figure 4).

Figure 4: Changes in perception of training offered pre and post intervention



In terms of areas for future attention, at time 2, the number and percentage of respondents who reported that they agreed that their employer treats employees with mental ill health fairly increased following the intervention, although it was concerning that the proportion of respondents replying 'neither agree or disagree' to this question remained high (see Figure 5).

Figure 5: Responses over time regarding fair treatment for employees with mental ill health



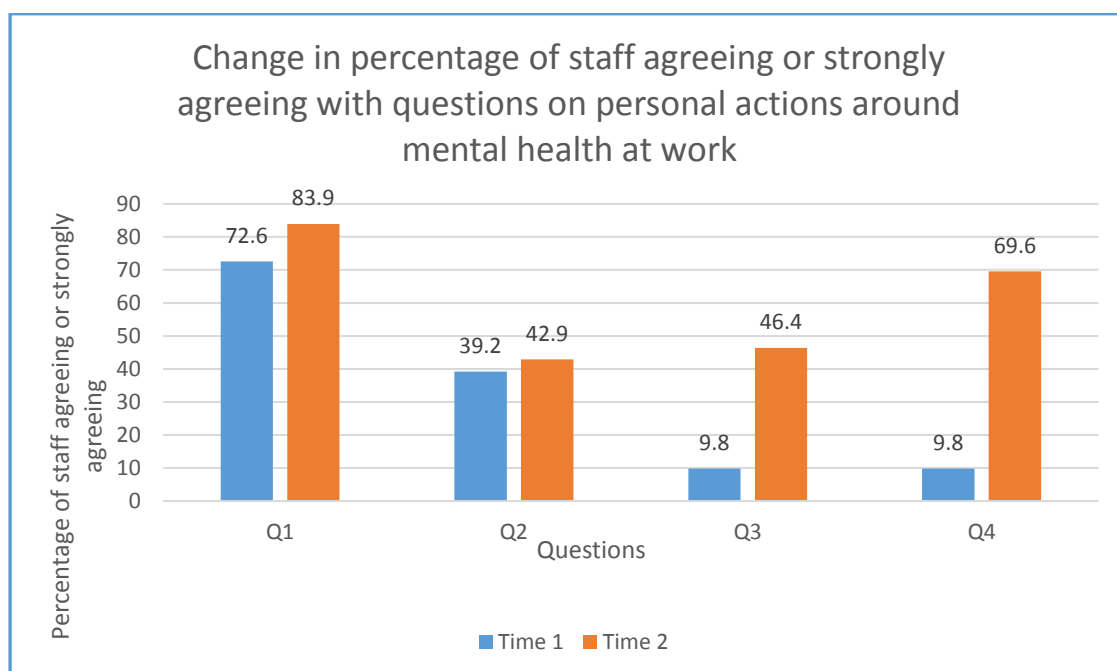
Individual employees and their actions around mental ill health at work

The survey asked four questions which explored employees' actions around mental health

1. I would know who to speak to at work if I was experiencing a mental health problem
2. I would feel comfortable disclosing a mental health problem to my colleagues
3. I have taken part in training to improve my ability to deal with mental health at work in the last year
4. I am aware of the mental health support available to me in my workplace

At both baseline and post-intervention, most employees would know who to speak to at work if they were experiencing a mental health problem (an increase from 72.6% to 83.9% post intervention). There was an increase in respondents reporting that they would feel comfortable disclosing a mental health issue to colleagues, although less than 50% of employees agreed with this statement at both time intervals. Of particular note in this category was the huge improvement in staff taking up training and in staff being aware of the support available for staff experiencing mental ill health (see Figure 6). In addition, the mean score for this section of questions also increased from time 1 to time 2, indicating a positive shift in employees' actions around mental health at work (see Appendix 2).

Figure 6: Change in agreement for questions on personal actions related to mental ill health at work



Staff perception of line manager support and knowledge around mental ill health

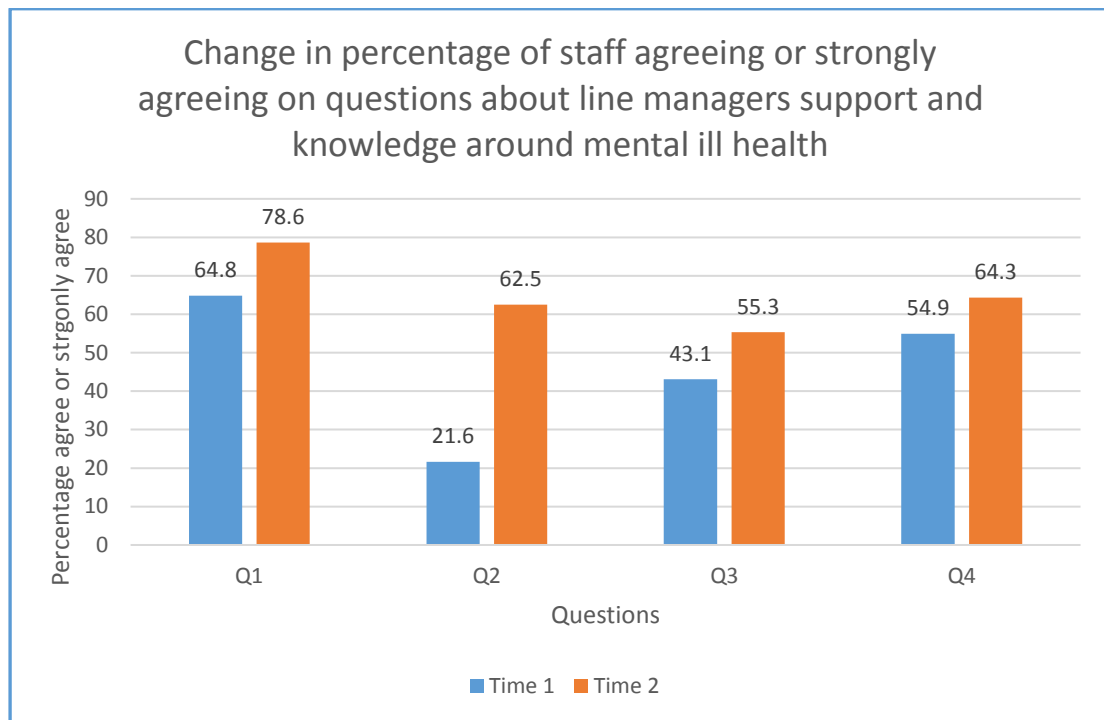
The survey asked four questions about staff's perceptions of their line manager's support and knowledge around mental ill health.

1. If I disclosed a mental health problem to my line manager, I feel I would be supported
2. I am confident that my line manager has the knowledge and skills to respond to staff disclosing a mental health problem
3. I would feel comfortable disclosing a mental health problem to my line manager
4. I feel supported by my line manager when dealing with personal or family issues

The responses to this section show some conflicting results (see Figure 7). For instance, respondent confidence that they would be supported by their line manager if they disclosed a mental health problem increased from the baseline percentage, with 78.6% of staff agreeing or strongly agreeing with this statement. However, only 55% of respondents reported that they would feel comfortable disclosing a mental health problem to their line manager. This was an area that was examined in the follow up interviews as it was concerning that only just over half of respondents would feel comfortable disclosing.

However, the results for this section also show that the largest change has been in respondent confidence in the knowledge and skills of their line manager to respond to issues around mental ill health.

Figure 7: Changes in levels of agreement to questions on confidence in line managers' knowledge and support



Line Managers awareness and practice

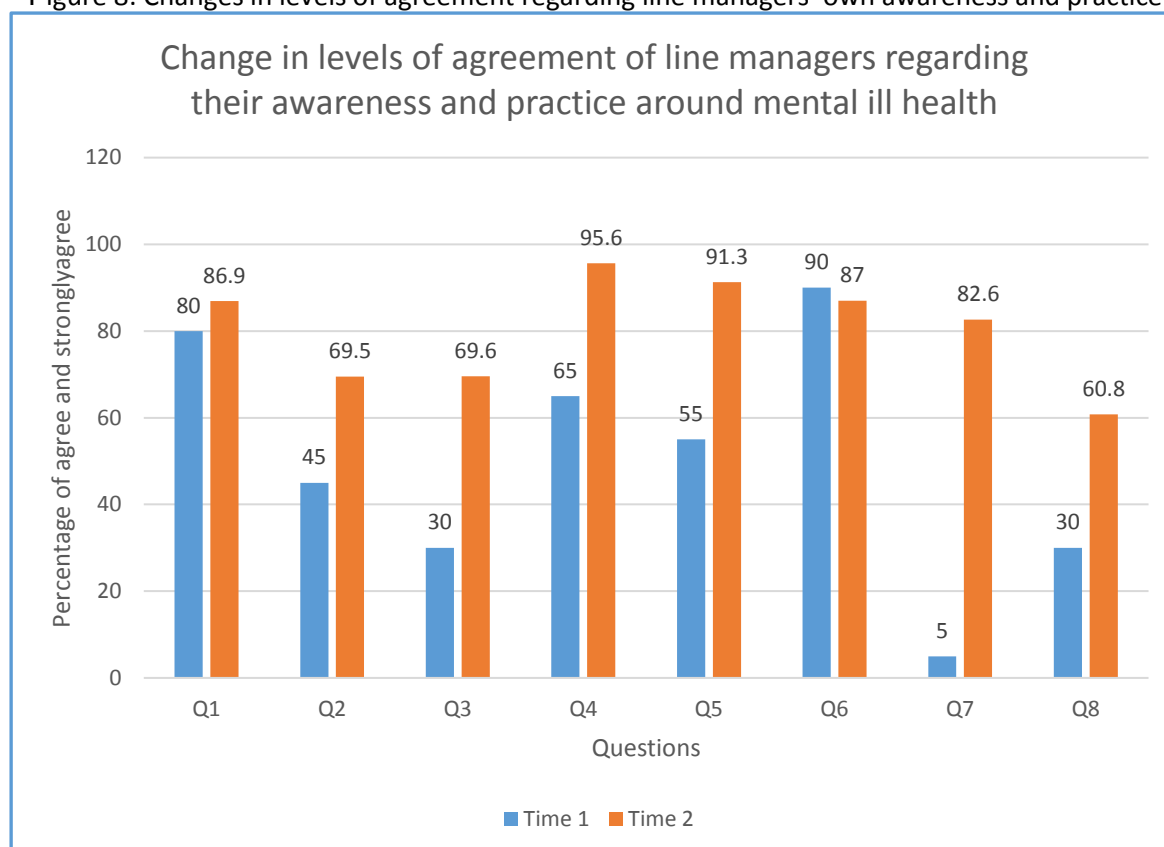
The survey asked eight questions to explore line managers' awareness and practice around mental ill health at work. These questions were only answered by those respondents who identified that they had line management responsibility for other staff (n=20 at Time 1, n=23 at Time 2).

1. In my role as line manager, I would feel comfortable talking about mental health with my employees
2. In my role as line manager, I would feel comfortable talking about mental health with successful job applicants
3. If an employee disclosed a mental health problem to me, I would know how to respond to them
4. If an employee disclosed a mental health problem to me and I was unsure how to respond, I would know who to speak to for additional support
5. In my role as line manager, I am able to recognise signs of employee distress at work
6. In my role as line manager, I would be flexible in offering adjustments or accommodation to an employee with mental ill health at work
7. In my role as line manager, I have taken part in training to improve my ability to support employees with mental ill health at work
8. In my role as line manager, I provide opportunities for employees to talk about mental health as part of staff development and review discussions

With the exception of Question 6, which has remained consistently high across both survey periods, for every question, line managers agreement was higher at time 2 than time 1 (see

Figure 8). Of particular note were positive changes in managers comfort in discussing mental health with successful job applicants (Q2), in their knowledge of how to respond to employee disclosure (Q3), in their awareness of where to go for additional support (Q4), on their ability to recognise signs of employee distress (Q5), on their uptake of training (Q7) and on changes to their practice to provide opportunities for employees to talk about mental health (Q8).

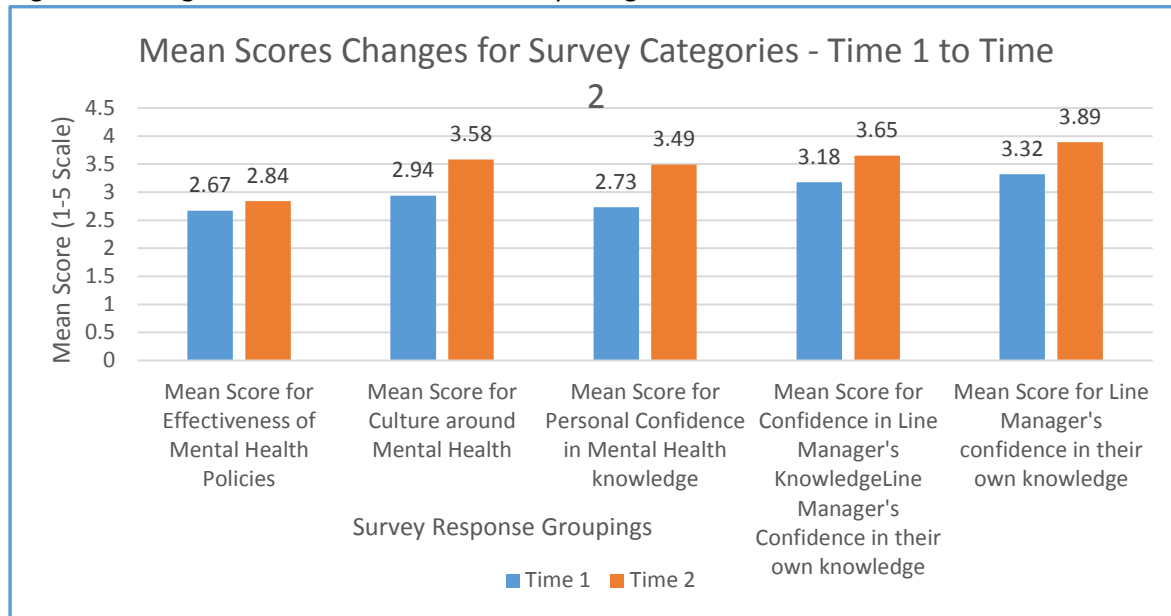
Figure 8: Changes in levels of agreement regarding line managers' own awareness and practice



Changes in perceptions over time: Analysis of means by response category

The data was also analysed by looking at the mean scores for each of the survey categories, and comparing changes from Baseline to Post-Intervention. Across all categories, the mean score increased, representing a positive improvement in awareness, knowledge and cultures around mental health, for both staff and line managers. The comparison of mean scores for the Effectiveness of Mental Health Policies should be viewed with caution, as only four respondents completed this section at time 2 (see Figure 9).

Figure 9: Changes in mean scores for all survey categories over time



3.1.4 Analysis by Gender and Line Management Responsibility

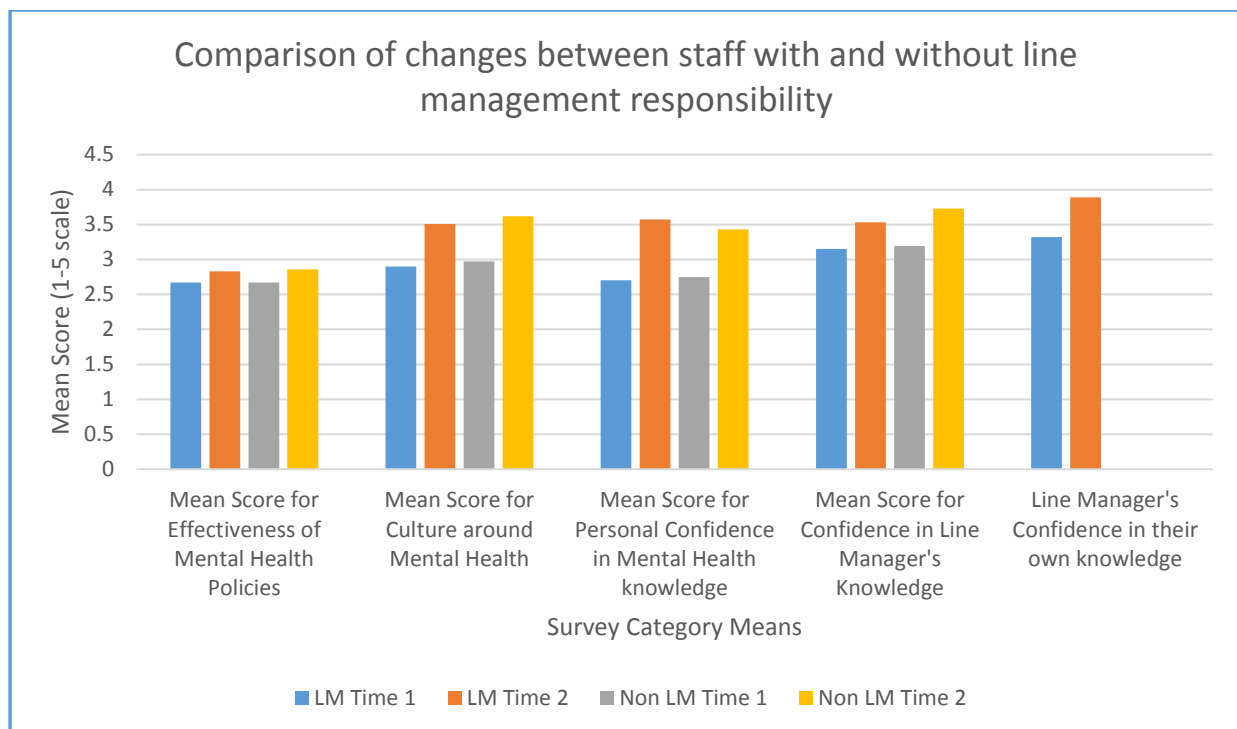
Change in responses over time: Line managers compared with non-line managers

This analysis was carried out to see whether the perception of an improved culture and working environment supportive of mental health was experienced across both staff groups. This was particularly important as many of the interventions were targeted at Line Managers. This analysis enables an evaluation of whether the intervention is percolating throughout Employer A. Figure 11 shows that the positive change is being felt by respondents with and without line management responsibility, which indicates that the intervention targeted at line managers is having a positive effect throughout Employer A. The analysis also shows that the changes are very similar for both groups of staff, which is a positive indicator of cultural change.

Analysis of differences in responses by gender

Analysis of the data by gender identified that although both males and females have had increased mean scores for each of the survey categories, females respondents mean scores for every category have increased more than male respondents. This may reflect the reluctance by males to acknowledge mental health that is seen across the male population⁸. These results indicate that the male population in particular may need to be specifically targeted in future interventions, to ensure that the benefit from the intervention is felt across both gender groups.

Figure 11: Comparison of responses for staff with and without line management responsibility



3.1.5 Summary of on-line surveys for Employer A

Staff have clearly engaged with both surveys. The above 50% response rate at both time periods is a strong result and should give Employer A and Mindful Employer Leeds confidence that the survey responses are representative of the staff population of Employer A as a whole. In addition, staff across all staff categories have completed the survey, although analysis at staff banding level is not possible due to small numbers of completion in each category. However, analysis comparing those with and without line management responsibility is potentially more useful.

The results consistently indicate that the culture, practices and knowledge around mental health has improved post intervention. Of particular note is the large increase in positive responses around reducing the stigma of mental health in the workplace.

Where results are conflicting, the accompanying qualitative interviews will examine this in more detail. However, the results also indicate areas for further attention, including specifically focusing on male employees. This is a difficult area to address and is highlighted nationally as a concern, so the results of a lower impact for males are not surprising.

3.2 Employer A Baseline Interview

3.2.1 Overview

A series of eight interviews were conducted on January 7th, 2016 with a cross-section of Employer A staff at their offices. Respondents had previously completed the on-line survey

and the interviews explored issues relating to health and wellbeing in the workplace. The key top line issue would appear to be that the culture of this firm in the financial services sector is one where mental health and wellbeing issues are not discussed and that there is a tacit feeling that a negative response to stress and pressure are a sign of professional weakness. However, throughout the managerial levels and up to the top of the organisation there appears to be a willingness to engage in a cultural shift that would encourage a more open dialogue without stigma.

Across the organisation there was a recognition that there are 'pinch-points' in the year when employees expect to work very long hours to meet stressful deadlines. However, there does appear to be desire to mitigate the effects of this stress with better communications. Notably, that it should be seen as a sign of strength to recognise when the workload has reached a toxic level and to ask for support.

There was an apparent absence of lived experience of mental health issues, however, there were also respondents who admitted to feelings of stress, sleeplessness and other issues – but they were unable or unwilling to recognise these as relating to mental health or wellbeing.

There was a hope that via the Mindful Employer intervention there might be an enhanced reputation the firm as a caring employer which can care for its staff and also deliver a great service to its clients. A secondary outcome from such a reputational enhancement might include better staff retention and recruitment.

The interviews also identified a number of 'agentic' individuals who seem intent upon producing a cultural shift within the organisation towards greater openness and disclosure around mental health and wellbeing.

3.2.2 Method

The interviews were conducted in a private office and were recorded using a Sony Dictaphone. Before the interviews respondents were reminded of their consent to participate and their right to withdraw, they were assured of the confidentiality of their responses and they would not be able to individually identified from their responses.

The respondents had previously see the interview guide which was used to structure the sessions. Post-interview the digital recordings were transcribed and analysis identified recurring themes which form the basis of this report.

Participants represented a cross-section of the organization from Partners and Directors through to 'standard' operatives; including middle managers, team leaders and HR staff.

3.2.3 Results

These are presented as a series of themes that have recurred across the group and should be viewed alongside the statistical analysis derived from the on-line survey conducted by the workforce in the weeks leading up to the interviews.

3.2.4 Key Themes

- Throughout the organisation there appears to be awareness of how mental health can be impacted by stress in particular, but interviewees would report knowing

someone else who had suffered in this way but did not report any personal lived experience.

- Those with managerial roles expressed concerns for the wellbeing of colleagues (particularly those who are younger and trainees) being negatively impacted by workload – not wanting people to ‘drown’ was a repeated phrase.
- For those lower down the organisation there was marked reluctance to ‘own up’ to struggling because their perception was that people were expected to be able to cope with whatever stress the job throws at you. To be not coping would be seen as a sign of weakness, and would also mean that workload would be shifted to equally stressed colleagues.
- There was a clear feeling that in recent years things had improved within the company and there was an improving atmosphere that is more caring and wanting to support colleagues in a sometimes stressful environment.
- In terms of desirable outcomes from the Mindful Employer intervention there was a common hope that there would be a better and more honest dialogue about mental health and wellbeing issues in the workplace. This would include being to use and understand the language of mental health and the prevalence of presentation.
- A further desirable outcome was the desire for an environment that is more open to disclosure and reasonable adjustment.
- There were no fears or concerns articulated about the Mindful Employer intervention and a general feeling that this would be a ‘good thing’ for the company.
- Being identified as a ‘Mindful Employer’ is hoped to have an impacts upon recruitment – becoming an ‘employer of choice’ for the most able recruits.
- There is a secondary hope that a cultural shift might have a positive impact upon staff turn-over (which is traditionally quite high across this sector).
- There are also very clearly ‘agentic’ individuals within the company who are wanting to produce a cultural shift towards more openness and support for an environment that can address stigma and discrimination towards mental health.
- The core business of the company is still very much about providing a service to clients, and the highly commodified nature of time (down to 20 minute billing units) means that there is a highly transparent level of analysis of time ‘given’ to supporting colleagues. This may mean that in this ‘bottom-line’ driven environment impacts of new policies and practices will inevitably be expressed in predominantly financial terms.

3.3 Employer A Post Intervention Interviews

3.3.1 Overview.

In mid-September 2016 second-stage interviews were conducted at Employer A as part of the evaluation of the impact of ten-months’ worth of Mindful Employer interactions within the workplace. The interviews are a component part of an overall impact evaluation that includes an on-line survey to consider the overall cultural relationship to the workplace mental health and wellbeing agenda. A base-line position was established in Spring 2016. This stage of the evaluation considers the ‘distance-travelled’ within the organisation and the impact that Mindful Employer engagement has had in the workplace. The interviews sit alongside the on-line responses to give a rigorous insight into impact and cultural shift relative to the evolving strategic drivers of mental health and wellbeing in the workplace.

The interview respondents were volunteers from a cross-section of the company, from board level to junior employee. The semi-structured interview asked a short battery of questions aimed to elicit responses that capture the more nuanced aspects of cultural shift within an organisation. After assurances of confidentiality, respondents shared their interactions and perspectives about mental health and wellbeing in Employer A, with the particular context of work that Mindful Employer have been doing with them over the past six months.

3.3.2 Key Findings.

This section considers how the interviews have identified a range of effects; the direct and acknowledged effects of Mindful Employer interactions, the more subtle and nuanced issues of cultural shift or change and concludes with perceptions of areas where further work is required. There were also conversations about the enablers for cultural shift, and conversely respondents also identified the existence of barriers and obstacles to that change or shift.

3.3.3 Enablers

For the respondents who had been in direct contact with the Mindful Employer sessions, they all reported that the interactions had moved their thinking on, and they reported greater awareness of the issues around mental health and wellbeing. For those who had not accessed the Mindful Employer training events the changes are more nuanced – they have the impression that mental health is a more talked about subject now, but they do not report awareness of a single event that has sanctioned that change in attitude and behaviour.

Those who had been in direct contact with the training reflected upon this being a positive experience that they were trying to assimilate into their professional behaviours and interactions. An interesting point for ME to consider is the observation from someone who had been in the training activity that the assertion that ‘everyone is stressed’ was not universally accepted and that many of the clients of Employer A will be self-made and driven individuals for whom such rhetoric has no meaning. Which could put the Employer A employee who is interacting with these clients under some additional pressure.

For a number of the respondents there was a narrative that said that Employer A was moving with the times and becoming a more compassionate environment to work in than had been the case as little as ten years ago. There was a clear feeling that the ME interaction was a part of that cultural shift, but it is not necessarily the catalyst.

Some respondents had lived experience of mental ill health and those that had revealed this within the organisation asserted that they had been supported and they would be secure in disclosing if there was another issue. An interesting point made by one such individual was the belief that the lived experience had made them a better manager and more sensitive to the pressures of the work on other team members.

There was also an acknowledgement that there are now individuals within the organisation who are themselves catalysing a more open attitude towards positive mental health and wellbeing. These agentic individuals were often identified by respondents as being the ‘go to’ person which whom the sometimes delicate discussions surrounding mental health and wellbeing could be had and there was confidence that there would be discrete and sound advice available.

More widely, respondents reported a greater level of information coming via the company intranet. The presence of framed 'inspirational' statements on walls had a mixed audience; some respondents felt that these were evidence of cultural shift, while others said that such things are 'window dressing' and that actions were more important than inspirational statements.

3.3.4 Obstacles and barriers

However, there remain some obstacles and barriers within Employer A, this section will unpack some of these. Some respondents are still saying that they would feel uncomfortable about revealing mental health problems, particularly to their managers. There was a fear that disclosure would have a negative impact upon progression and reputation within Employer A. Further, taking any time away from the workplace with any illness, but particularly mental illness, was to be resisted because fellow employees who remain in the workplace would have to do extra work to carry the burden of the ill.

There was a concern that if that illness were to be recognised as being psychological then there was a chance of resentment and being labelled as 'weak'. Amongst the more vulnerable respondents there was a real fear that a 'weak-link' label would follow throughout the career within the organisation. This suggests that there is still a fear of discrimination and stigma around reporting mental health issues. Interestingly, this is in direct contrast to the statements from some senior staff about being prepared to respond positively.

There was also an element of cynicism amongst the less positive respondents that achieving Mindful Employer status was simply a 'badging' exercise and that a perceived intolerance and stigmatising of the mentally ill was still a real (if underground) aspect of working for the organisation.

A pattern that is worth noting is that senior and more experienced staff who have been with the organisation for a long time seemed to believe that they would respond positively if a co-worker developed a mental health issue and that processes and procedures exist within Employer A to support such a situation. However, with younger staff there is a reluctance to admit to any mental ill health issues for fear of damaging career development. This dissonance may be an issue for the organisation.

It is noteworthy that the pressure of professional exams is notorious within the sector and the process of professional qualification is seen as a 'rite of passage' or a 'winnowing-out of the weak'. There does also appear to be a cultural expectation that normalises very long working hours; even to the point where this is a badge of success (in a business where clients are billed to units as small as six minutes that time is easily commodified into money – which is itself then a badge of success).

A final point to note is that almost the entire rhetoric around mental health at Employer A is around stress/depression – not surprising given the sometimes stressful and time-driven nature of the work. However, there is no mention of the wider range of mental illnesses such as Acute Anxiety Reaction, PTSD, other psychotic illnesses or Obsessive Compulsive Disorder (to mention just a few).

3.3.5 Sustainability

Overall, there is a real sense of an organisation that is in the midst of cultural shifts as far as mental health and wellbeing are concerned. In the past ten months there appears to have been some acceleration of that shift and there is undoubtable good-will and elements of positive change. But it would also be unrealistic to assert that there are no issues or obstacles. It would be fair to claim that the ME interventions are an important part of the journey and the contribution is overwhelmingly positive. There remain issues around custom and practice and further awareness raising that suggests this remains a work in progress, but the direction of travel is a generally positive one.

4. Changes from base-line to post intervention Employer B

4.1 Employer B Online Survey Results

4.1.1 Key findings

- Around 50% of staff participated in the survey, at time 1 and 39% at time 2. Staff were not tracked across the two intervals so each survey represents discrete responses.
- The intervention has had a mixed effect on staff perceptions of the overall culture around mental health at Employer B, with mean scores across different categories varying from pre to post intervention. For instance, mean scores for respondents perceptions of the culture around mental health increased, whereas mean scores for the effectiveness of mental health policies decreased. However, scores still remained within the positive range, with no mean score falling below 3.4, on a 1-5 scale where 1 was negative and 5 was positive.
- Although many of the interventions were targeted at line managers, changes have been felt across all respondents. Due to the small number of line managers responding, it is not possible to provide separate information on this group, as per the commitment made to respondents when distributing the survey.

4.1.2 Response rates and demographics

The baseline survey at Employer B (Leeds) was open for three weeks, from the 14th December 2015 to the 8th January 2016. An initial email with a link to the electronic survey was sent to all employees via Leeds Trinity University, and a follow-up reminder was sent after one week. The survey achieved a 45% response rate, with 29 of the 64 employees completing the survey during the three weeks that it was open. Whilst it would have been better to have achieved a 50% response rate, a rate of over 30% is viewed as acceptable in the academic literature as a representative sample. Of these employees, 65.5% (n=19) were female and 34.5% (n=10) were male. 34.5% (n=10) staff who completed the survey had line management responsibility for other staff, and 65.5% (n=19) did not have line management responsibility for other staff. Staff from a range of job categories completed the survey however the most responses were received for staff in the central team, making up 58.6%

of respondents (n=17). Responses from staff in the team working with adults was 24.1% (n=7) and in the team working with young people was 17.2% (n=5).

The post-intervention survey at Employer B was open for two weeks, from the 17th to 28th October 2016 and followed the same distribution process. The survey achieved a 39% response rate, with 25 employees completing the survey during the two weeks that it was open. This response rate is a reduction compared with the 45% response rate achieved at time 1 and whilst this is viewed as acceptable for representing the views of the employees of Employer B, it is well below the 50% required to give staff confidence in the generalisability of the results. Of these employees, 60% (n=15) were female and 40% (n=10) were male, a similar gender distribution to the time 1 survey. 28% (n=7) staff who completed the survey had line management responsibility for other staff, a smaller percentage than the time 1 survey. These similarities mean that the two survey results can, in all areas except line management responses, be compared with confidence. Staff from all three job categories completed the survey, but 76% (n=19) of the responses came from employees in the central team, with the other two teams receiving fewer than five responses each.

As a result of low respondent numbers for some work and line management groups, the analysis will not separate out responses by work team or by line-management/non line-management responsibility, in line with the commitment made to not report findings for any group with less than ten respondents.

This analysis presents initial overall responses and responses, concentrating on percentages of staff who agree and disagree with the various statements in the survey. The analysis of the responses will interweave comparison from the time 1 responses. The analysis also presents an overall summary of change in mean scores, as these will be taken to represent changes in employees' perceptions and experiences of the culture of mental health within Employer B.

This analysis divided into five key categories, which formed the structure of the both surveys.

- a) Awareness of policies and procedures
- b) Workplace culture around mental health at work
- c) Individual employees and their actions around mental health at work
- d) Staff perception of line manager knowledge and support around mental health at work
- e) Line managers' awareness and practice.

4.1.3 Summary of key findings by theme

Awareness and effectiveness of Policy and Procedures

It appears that awareness of a formal policy on stress and mental health in the workplace remains problematic. Although 48% (n=12) respondents reported that Employer B had a formal policy, in contrast to 37.9% (n=11) at time 1, 40% (n=10) replied 'don't know' to this question and 12% (n=3) replied 'no'. Thus, even with fewer respondents to this post-intervention survey, a large proportion still don't know if Employer B has a formal policy on stress and mental health in the workplace. The qualitative interviews examined this aspect further, but this data indicates that communication and raising awareness is an on-going area for attention at Employer B.

Staff were asked how effective they felt the policies and procedures were, in relation to line manager understanding of them, in relation to effectiveness in helping employees stay in work, and in relation to their helpfulness in helping employees with mental health issues improve their mental health. This section of questions was only completed by those respondents who reported that they did know that Employer B had a formal policy. Overall, at time 2, 91.7 (n=11) of respondents agreed or strongly agreed that the policy was well understood by their line manager. 100% (n=12) of respondents agreed or strongly agreed that the policy was effective in helping staff with mental health issues stay in work. 58.3% (n=7) of respondents agreed or strongly agreed that the policy was effective in helping staff with mental health issues improve their mental health.

Thus, for those who know about the policy, most believe it is well understood and helpful in helping employees stay in work, however a large proportion of respondents are not sure how effective the policy is in helping to improve mental ill health. This could be an area for future policy review at Employer B.

Staff were offered a list of accommodations that have been available across the UK employment sector to support staff with mental ill health in the workplace. Staff awareness of the availability of support across most categories increased from time 1, with staff awareness of a buddy system seeing the biggest improvement.

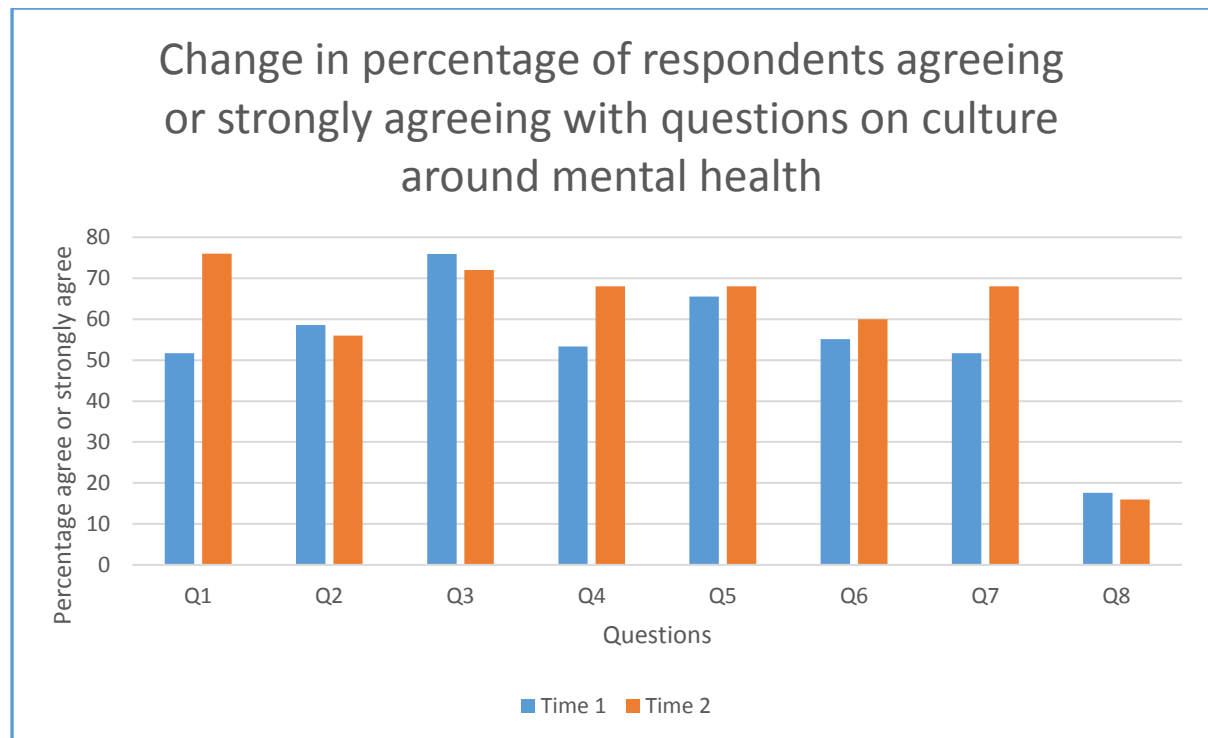
Workplace culture around mental health at work

Eight questions were asked that related to the culture around mental health at Employer B.

1. My employer provides information to employees which helps to reduce stigma around mental ill health
2. My workplace offers services or benefits that adequately address employee psychological and mental health
3. My workplace supports employees who are returning to work after time off due to a mental health condition
4. My employer offers training in recognizing or responding to mental ill health in the workplace
5. My employer treats employees with mental ill health fairly
6. Senior management encourage a consistent and positive approach to employee well-being throughout the organisation
7. My employee review and development processes provide opportunities to discuss mental wellbeing
8. I was asked to disclose any mental health difficulties when I was recruited by my organisation

The responses show a varied picture, with large increases in respondents reporting that there was provision of information to reduce stigma, availability of training, and opportunities for discussing mental wellbeing. For all other questions, the responses remained fairly stable (see Figure 12). In evaluating the reasons for the changes and the similarities, it could be that the Mindful Employer intervention raised the profile of particular aspects of support for mental ill health, such as training. Increased reporting of information to reduce stigma is particularly positive and demonstrates the potential for ongoing cultural change within Employer B.

Figure 12: Changes in level of agreement for each question regarding culture of mental health



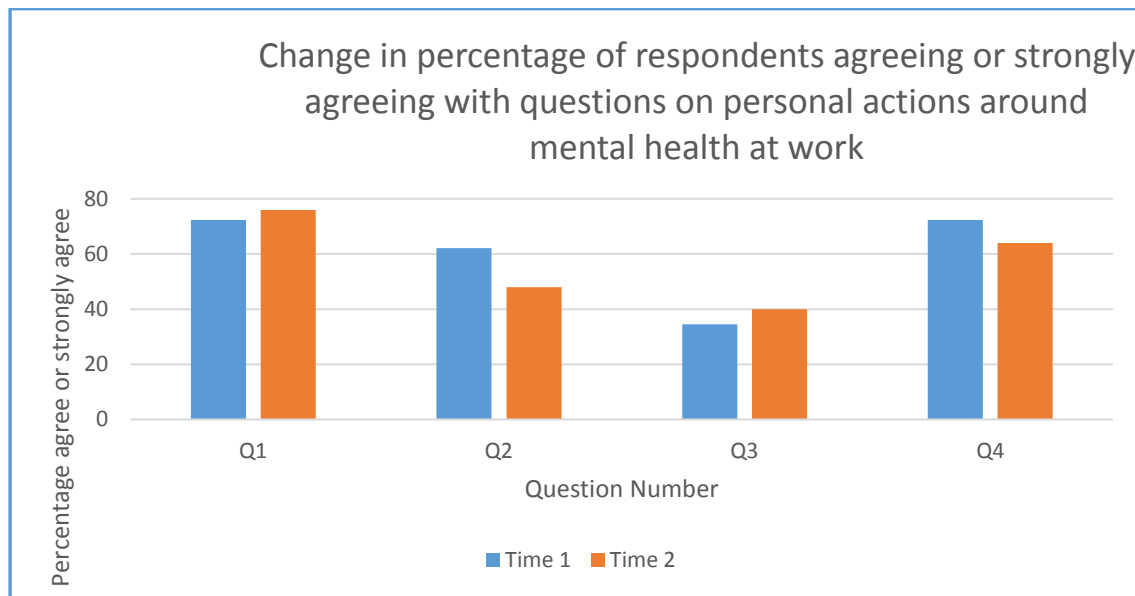
Individual employees and their actions around mental ill health at work

The survey asked four questions which explored employees' actions around mental health

1. I would know who to speak to at work if I was experiencing a mental health problem
2. I would feel comfortable disclosing a mental health problem to my colleagues
3. I have taken part in training to improve my ability to deal with mental health at work in the last year
4. I am aware of the mental health support available to me in my workplace

The responses at time 2 show some small improvements in staff awareness of who to speak with if they were experiencing mental ill health, and also in staff taking up training. However, the responses show a decline in the percentage of respondents who would feel comfortable disclosing mental health problems to their colleagues. This finding conflicts with the finding discussed above, showing a potential improvement in the culture of acceptability around mental ill health, and this is an area that was explored during the qualitative interview analysis.

Figure 13: Change in agreement for questions on personal actions related to mental ill health at work



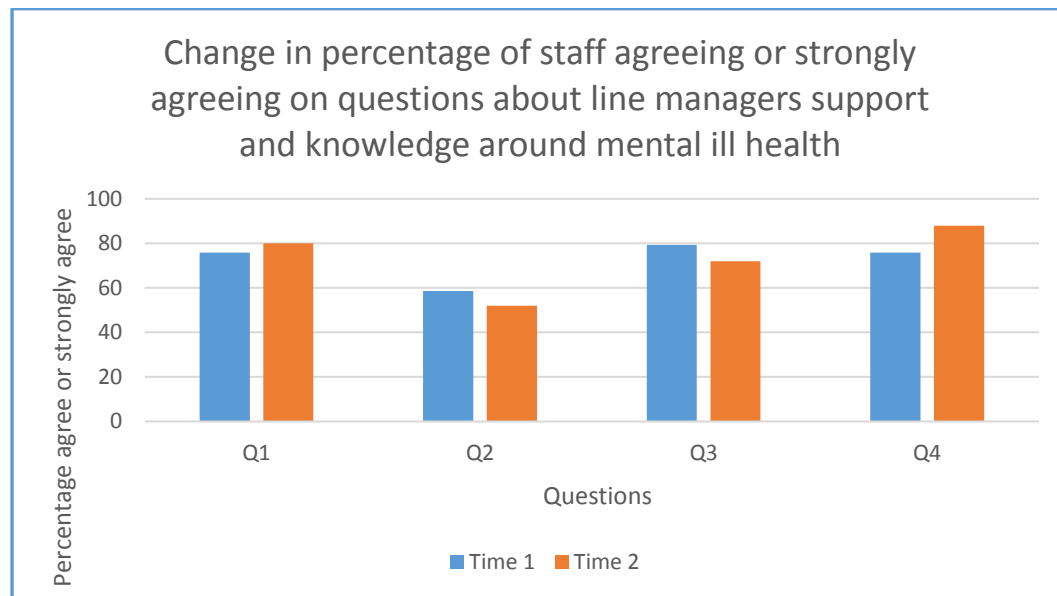
Staff perception of line manager support and knowledge around mental ill health

The survey asked four questions about staff's perceptions of their line manager's support and knowledge around mental ill health.

1. If I disclosed a mental health problem to my line manager, I feel I would be supported
2. I am confident that my line manager has the knowledge and skills to respond to staff disclosing a mental health problem
3. I would feel comfortable disclosing a mental health problem to my line manager
4. I feel supported by my line manager when dealing with personal or family issues

The responses to this section also show some conflicting results (see Figure 14). For instance, respondent confidence that they would be supported by their line manager if they disclosed a mental health problem has increased slightly, with 80% of staff agreeing or strongly agreeing with this statement. However, only 52% of respondents reported that they were confident in their line managers' knowledge and skills in this area. Further, the proportion of respondents who reported they would feel comfortable disclosing a mental health problem to their line manager has declined, from 79.3% at time 1 to 72% at time 2. Whilst the overall percentage is still extremely positive, a negative change in this responses is something for Employer B to be aware of, in relation to continuation and further development of the Mindful Employer work.

Figure 14: Changes in levels of agreement to questions on confidence in line managers' knowledge and support



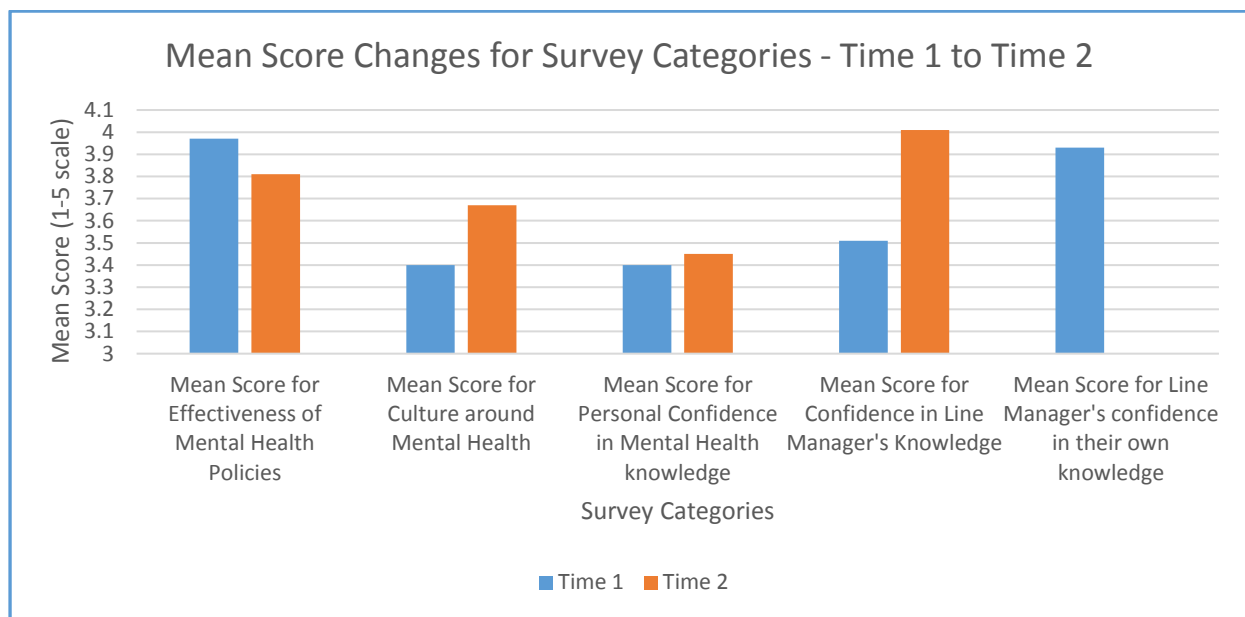
Line Managers awareness and practice

The number of responses from staff who identified themselves as having line management responsibility fell below the threshold for meaningful group analysis (ten respondents) and thus, a comparison of changes in those respondents with line management responsibility was not carried out.

Changes in perceptions over time: Analysis of means by response category

The data was also analysed by looking at the mean scores for each of the survey categories, and comparing changes from Time 1 to Time 2. With the exception of the scores for the effectiveness of mental health policies (which had a low response rate), across all categories, the mean score has increased, representing a positive improvement in awareness, knowledge and cultures around mental health for staff. The data for line managers' confidence is not available for time 2, due to the sample size for this group being below ten staff. Also worth noting is that all scores, for all categories, are above 3, which represents positive responses for the means overall (see Figure 15).

Figure 15: Changes in mean scores for all survey categories over time

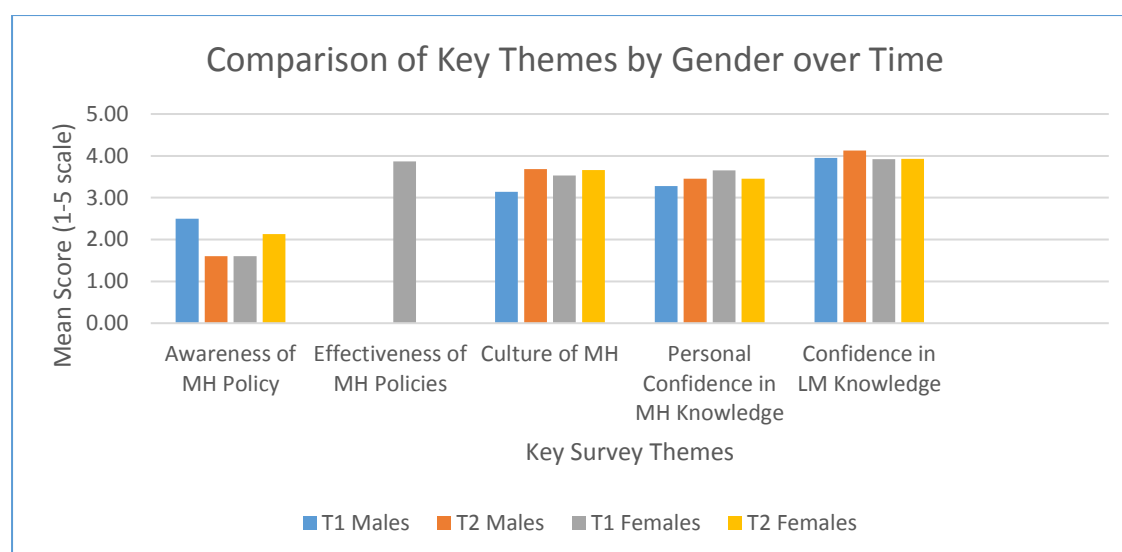


4.1.4 Analysis by Gender and Line Management Responsibility

Analysis of differences in responses by gender

Analysis of the data by gender has been carried out where there were more than ten respondents in each gender group. Figure 16 presents the results of this analysis, by mean score, with missing data explained by two few respondents. The results indicate that males' awareness of mental health policies declined over time, and did not, across both survey intervals, achieve a positive score above 2.5. This may reflect the reluctance by males to acknowledge mental health that is seen across the male population. These results indicate that male staff members in particular may need to be specifically targeted in future interventions to ensure that the benefit from the intervention is felt across both gender groups. For both males and females a positive change was seen for the questions which explored the culture around mental health and confidence in Line Managers knowledge remained high across both time intervals. Females' confidence in their own mental health knowledge showed a reduction across the two time intervals, although the mean scores remained positive.

Figure 16: Analysis of Survey Category Responses by Gender over Time



4.1.5 Summary of on-line surveys for Employer B

Despite a positive start to the baseline survey, staff did not engage as fully with the post intervention survey as they did with the baseline survey. Consequently, some of the responses for the post intervention survey need to be viewed with caution as they do not represent a representative sample of staff. In addition, staff across all staff categories have completed the survey, although analysis at staff banding level is not possible due to small numbers of completion in each category.

The results indicate that there is a positive culture, practices and knowledge around mental health, but there hasn't been consistent improvement across all areas. This could be because the baseline was already high, as the nature of Employer B's client group necessitates staff engagement in these issues. The qualitative interviews explored this further and contributes towards understanding any inconsistencies in greater detail.

Where results are conflicting, the accompanying qualitative interviews examined these areas in more detail. However, the results also indicate areas for further attention, including specifically focusing on male employees' awareness of mental health policies. Whilst males' engagement in their own mental health is highlighted nationally as a concern, this concern is not reflected in the results from this analysis and as such, improving information provided to males about mental health policies and support should not be difficult to achieve.

4.2 Employer B Baseline Interview

4.2.1 Overview

A series of seven interviews were conducted on December 17th, 2015 with a cross-section of the Employer B staff at their offices in Leeds, respondents' explored issues relating to mental health and wellbeing in the workplace. Initial analysis shows a work-force that is well informed

and sensitive towards issues within their personal experience of the workplace and their interactions with clients.

There were a number of striking characteristics that emerge from the interviews; there was a considerable amount of lived experience of mental health issues – this may have been influential in the notable willingness of interviewees to share their feelings and opinions in a free and open manner.

The over-riding issue of greatest anxiety articulated by respondents was an immanent organizational restructure and the potential impact upon jobs and roles.

There was also a very clear sense of empathy with colleagues and with clients and a sense that Employer B would be a work environment within which employees could talk about their mental health and wellbeing. Further, a number of respondents suggested that they hoped that a Mindful Employer interaction would facilitate early diagnosis of mental health and wellbeing issues before they escalated to crisis level, which then might impact upon the above average levels of sickness absence in the company.

4.2.2 Method

The interviews were conducted in a private office and were recorded using a Sony Dictaphone. Before the interviews respondents were reminded of their consent to participate and their right to withdraw, they were assured of the confidentiality of their responses and they would not be able to individually identified from their responses.

The respondents had previously see the interview guide which was used to structure the sessions. Post-interview the digital recordings were transcribed and analysis identified recurring themes which form the basis of this report.

Participants represented a cross-section of the organization from Directors through to 'standard' operatives; including middle managers, team leaders and HR staff.

4.2.3 Results

These are presented as a series of themes that have recurred across the group and should be viewed alongside the statistical analysis derived from the on-line survey conducted by the workforce in the weeks leading up to the interviews.

4.2.4 Key Themes

- Within management there is a concern and recognition that Employer B has a relatively high level of sickness/absence and that mental health issues regularly feature as an issue.
- Across the workforce there was a high level of anxiety reported because of an impending organizational restructure.
- There was a recognition that 'business as usual' was not an option for the organization and that change was necessary for the viability and sustainability of the business.
- Respondents with lived experience of mental health and wellbeing issues reported that they were comfortable talking about these within the context of the workplace,

and they did not feel that they would be discriminated against because of that lived experience.

- Individuals who did not have a current mental health issue claimed that they would be comfortable revealing within the workplace to their managers and peers if such an issue were to develop for them.
- There was a recognition that in particular at the client-facing end of the organization employees often encountered people who had multiple health and wellbeing issues (including those with mental health problems). As a result of this employees were empathetic and well-informed about mental health issues, but they also needed to be able maintain a professional distance for their personal wellbeing.
- In terms of the hopes and expectations from the Mindful Employer intervention there was a clear hope that the existing good practice in terms of communication and openness about mental health and wellbeing would become even more central and articulated as a 'norm' within the organization.
- There was a desire that through the Mindful Employer intervention there might develop mechanisms for 'early diagnosis' of mental health issues, which would then lead to fewer 'crisis' events for the staff.

There were generally few concerns or fears. However, there was some articulation of a concern that a greater openness about mental health and wellbeing could be abused by those who are habitually underperforming, who might be given a new rhetoric to use to mask that lack of personal commitment

4.3 Employer B Post Intervention Interview Findings

4.3.1 Introduction.

At the end of October 2016 second-stage interviews were conducted at Employer B as part of the evaluation of the impact of six-months' worth of Mindful Employer interactions within the workplace. The interviews are a component part of an overall impact evaluation that includes an on-line survey to consider the overall cultural relationship to the workplace mental health and wellbeing agenda. A base-line position was established in Spring 2016. This stage of the evaluation considers the 'distance-travelled' within the organisation and the impact that Mindful Employer engagement has had in the workplace. The interviews sit alongside the on-line responses to give a rigorous insight into impact and cultural shift relative to the evolving strategic drivers of mental health and wellbeing in the workplace.

The interview respondents were volunteers from a cross-section of the company, from board level to junior employee. The semi-structured interview asked a short battery of questions aimed to elicit responses that capture the more nuanced aspects of cultural shift within an organisation. After assurances of confidentiality, respondents shared their interactions and perspectives about mental health and wellbeing at Employer B, with the particular context of work that Mindful Employer have been doing with them over the past six months.

4.3.2 Key Findings.

This section considers how the interviews have identified a range of effects; the direct and acknowledged effects of Mindful Employer interactions, the more subtle and nuanced issues of cultural shift or change and concludes with perceptions of areas where further work is required. There were also conversations about the enablers for cultural shift, and conversely respondents also identified the existence of barriers and obstacles to that change or shift. These interview findings are set alongside the on-line results to attempt further insight into the emerging picture at Employer B. The time two (T2) on-line survey and the second phase interviews set out to capture the essential indicators of the journey in the context of mental health and wellbeing within the workplace prompted by a series of interactions with Mindful Employer over the past six months.

4.3.3 Overview

A prime consideration is that Employer B have been going through a series of major reorganisations and extensive restructuring; the external funding environment (upon which Employer B are entirely dependent) has also become increasingly austere across the whole of the third sector. In a wider environment that is defined more by chaos than certainty it is not surprising that this situation is also reflected within the organisation, with worry about job security, conditions and sustainability at the forefront for all staff. This situation was clear at the base-line meetings six months ago and it was also true of the follow-up research.

Having said that, the base-line also showed an organisation where there already was a high level of awareness and emotional literacy around mental health and wellbeing; this may be in part because many of the clients that Employer B deal with are extremely stressed and some have manifest lived experience of poor mental health and wellbeing. In short, this is an organisation that is aware and attuned to the mental health and wellbeing agenda and that is reflected in an educated and aware workforce and an environment where the subject is open for discussion.

4.3.4 Enablers

The staff (management) who had been in direct contact with the Mindful Employer interventions reported at interview that they felt more knowledgeable and empowered following the training. There was a real sense of the training as being a positive event, however, the wider environment – funding, organisational restructuring, role renegotiation etc. – was cited as an obstacle to greater implementation of mental health positive policies and practice.

More widely, even staff who had not had direct contact with Mindful Employer suggest that there is a greater awareness and willingness to talk about staff mental health and wellbeing. An important point made by a respondent was that Employer B have always been good at dealing with clients who have poor mental health, but a greater focus on the social capital of the workforce is a more recent development.

In terms of positives, interview data supports the on-line survey finding that line managers' are perceived as being supportive and having knowledge about mental health and wellbeing. And also that there is a positive culture towards mental health and wellbeing.

However, respondents also reflect the greater uncertainty within the sector and the particular workplace – so, while they feel there is greater knowledge and awareness within the organisation there is less confidence that the emerging structures are going to translate that awareness into changes of custom and practice.

Some respondents reported that their own lived experience of mental health issues within the workplace context was usually recognised and dealt with in an adequate manner. However, there were also respondents who said that they would be uncomfortable disclosing if they had mental health issues at a time when there was reorganisation and redundancy being made by management.

A suggestion that emerged was for there to be training related to staff resilience and self-efficacy – the case being made along the lines that being in an organisation at a time of change is stressful in and of itself, but also front-line staff in particular need to be able to insulate themselves from the projected emotions of their more disturbed clients.

A significant trend coming from the interviews suggests that those who had been within the organisation for longer were most likely to have had lived experience of mental health and resilience issues within their present employment, and in general they felt that the employer had dealt with those issues in a manner. These individuals could talk knowledgeably about their own mental health and they claimed that there were supportive individuals within the organisation by whom they felt supported.

4.3.5 Obstacles and barriers

However, among those who had been within the organisation less time there was a more ambivalent attitude towards disclosure and the fear was that there would be stigma and discrimination as a consequence.

Overall, there is an emerging picture of an organisation that has a generally open attitude towards discussing mental health and wellbeing issues. There is a good level of education, awareness and empathy relative to mental health and wellbeing. It seems that these characteristics are most clearly seen in the outward-facing aspect of the organisation where they deal with a range of clients. However, within the internal structures, systems and interactions that education, awareness and empathy is not as manifestly obvious. This may be because at a time when the entire survival and sustainability of the organisation is in question then positive mental health and wellbeing policies and practice might be seen as a 'nice to have' rather than an essential part of the business.

5. Conclusion

In summary, Employer B shows a less clear journey between T1 and T2 in both on-line and the interview data. There does appear to have been some positive impact within Employer B from the Mindful Employer interventions, however, the effects are much harder to capture and measure. This may be because of multiple outside factors such as funding and reorganisation/restructuring making large-scale impacts within the organisation, which may be drowning-out the effects of the Mindful Employer interventions.

Within Employer A there is a much clearer, measurable, impact from the Mindful Employer interventions. Not only were attitudes and practice influenced, there was a cascade effect within the organisation where those who had direct experience of the interventions were also having an effect upon the wider organisation. The more dramatic improvement within Employer A may also have been because prior to the Mindful Employer interventions there was relatively low literacy towards mental health and wellbeing, so they had a greater latent potential within which to improve.

However, ten-months is a short interval within which to find all measurable impacts; there is also likely to be a continuing 'ripple-effect' within both organisations as the Mindful Employer interventions become assimilated into custom and practice.

There are some subtle signs that can be interpreted positively – the fact all managers found the Mindful Employer training useful, but they may not have had many opportunities to enact that training in the workplace in the past ten months. So there may yet be effects to be felt within the organisations from taking part in the Mindful Employer interventions.

Within the case of Employer B it is also worth stressing that they had less far to improve to – they were already a knowledgeable environment that communicated well around mental health and wellbeing and had a positive attitude towards lived experience. Within Employer B there does appear to be some potential for some workforce development opportunities around organisational and personal resilience and self-efficacy.

A major conclusion has to be that the effectiveness of the Mindful Employer interventions will be dependent upon the setting within which it is applied – this is very much a case 'one size does not fit all'. And so participating employers (and perhaps Mindful Employer trainers) need to contextualise and tailor the interventions so that they are a good fit to the organisation and that those who become advocates for mental health and wellbeing harmonise with the organisation's wider objectives and that there is obvious utility for all stake-holders.

A key issue within both organisations is what does success look like? There are multiple measures that might sit alongside the sickness absence data; there might be greater retention and recruitment of the most able staff, there might be reputational benefits from being identified as a 'good' employer, and early intervention might mitigate against employees having a major health crisis that takes them out of the workplace for a protracted period.

There are a series of further points and findings which can be represented in a series of bullet points:

- In both employers Mindful Employer interventions have had a positive effect
- ME interventions have made a measurable positive impact in Employer A
- Employer B has seen less obvious impacts

- The setting within which Mindful Employer is applied is crucial
- In environments where there is relatively low levels of awareness of mental health and wellbeing there is the greatest potential for impact and improvement
- In environments where there is already a higher level of mental health awareness it is less clear that Mindful Employer interventions make immediate impacts
- Mindful Employer interventions can be a catalyst for change
- Mindful Employer interventions are part of a longer process, employers need to be able to collect, analyse and act upon data and monitoring which assesses mental health and wellbeing in their organisations
- There can be resentment (made more so at times of stress) from staff at the employers using Mindful Employer as a sop when making difficult or challenging decisions
- Ten months is a relatively short period of time, cultural change may take much longer to manifest.

6. References

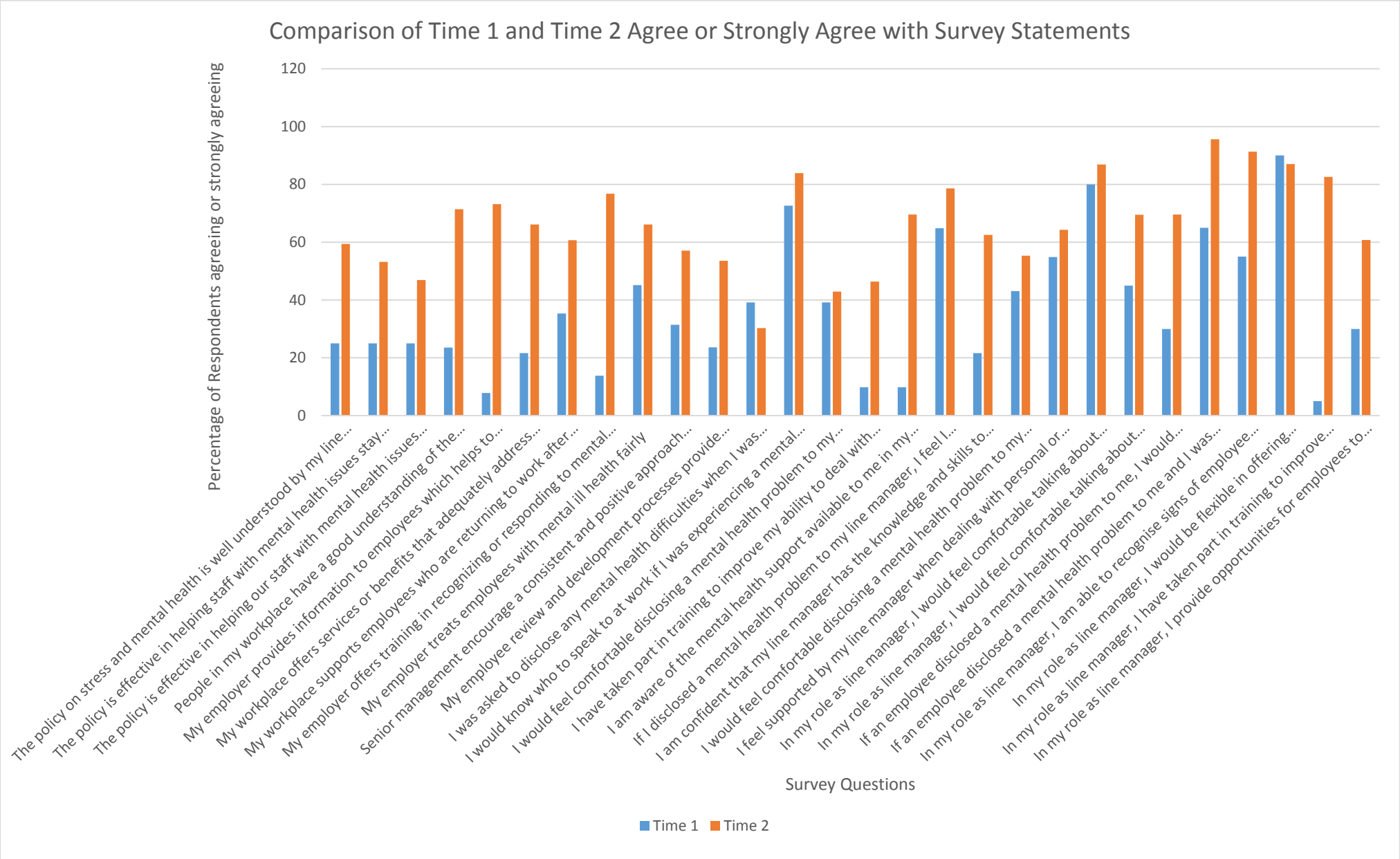
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7. Appendices

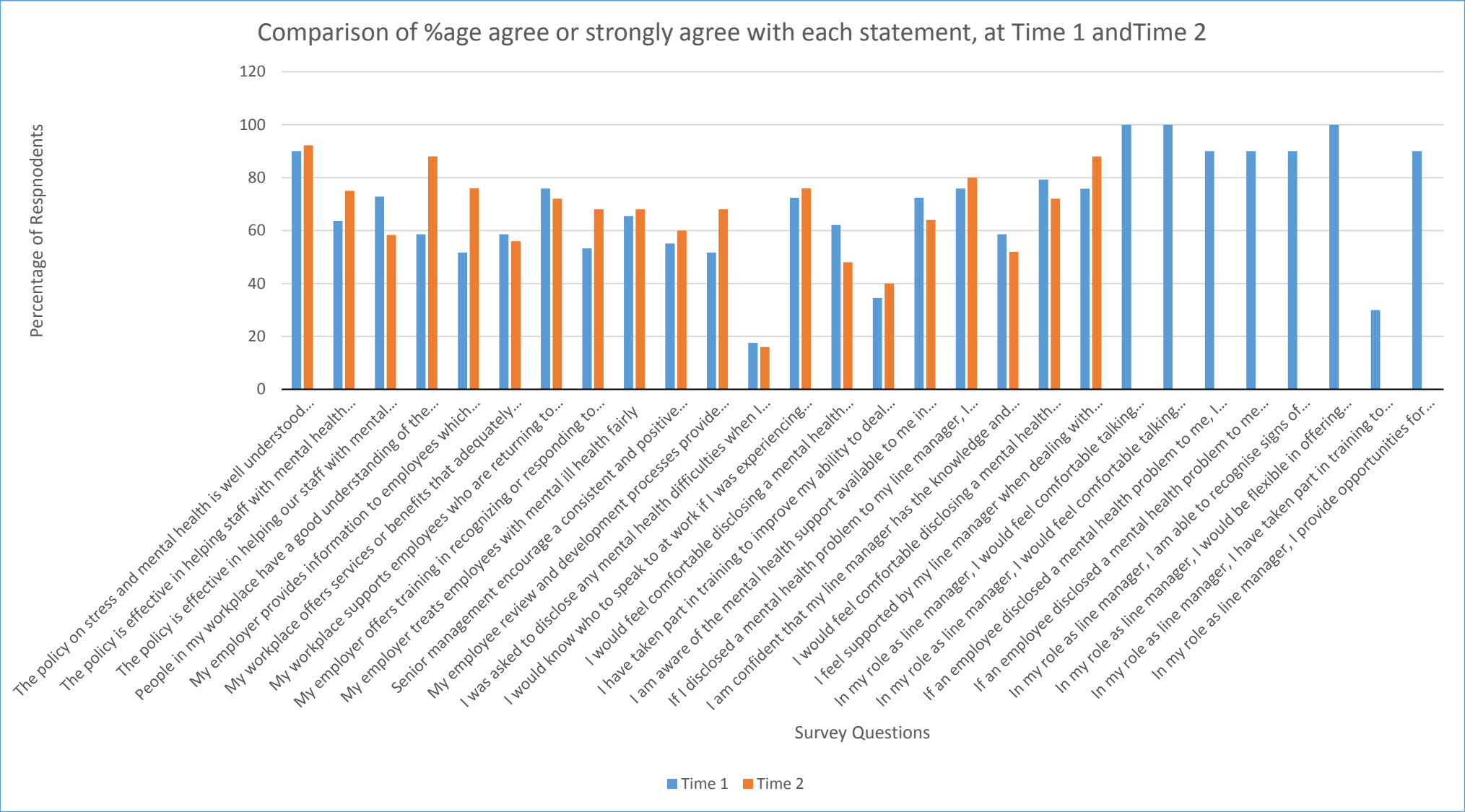
Appendix 1: Survey Questions Asked

Does your company have a formal policy on stress and mental health in the workplace?
The policy on stress and mental health is well understood by my line manager
The policy is effective in helping staff with mental health issues stay in work
The policy is effective in helping our staff with mental health issues improve their mental health
People in my workplace have a good understanding of the importance of employee mental health
My employer provides information to employees which helps to reduce stigma around mental ill health
My workplace offers services or benefits that adequately address employee psychological and mental health
My workplace supports employees who are returning to work after time off due to a mental health condition
My employer offers training in recognizing or responding to mental ill health in the workplace
My employer treats employees with mental ill health fairly
Senior management encourage a consistent and positive approach to employee well-being throughout the organisation
My employee review and development processes provide opportunities to discuss mental wellbeing
I was asked to disclose any mental health difficulties when I was recruited by my organisation
I would know who to speak to at work if I was experiencing a mental health problem
I would feel comfortable disclosing a mental health problem to my colleagues
I have taken part in training to improve my ability to deal with mental health at work in the last year
I am aware of the mental health support available to me in my workplace
If I disclosed a mental health problem to my line manager, I feel I would be supported
I am confident that my line manager has the knowledge and skills to respond to staff disclosing a mental health problem
I would feel comfortable disclosing a mental health problem to my line manager
I feel supported by my line manager when dealing with personal or family issues
Do you have line management responsibility for other staff?
In my role as line manager, I would feel comfortable talking about mental health with my employees
In my role as line manager, I would feel comfortable talking about mental health with successful job applicants
If an employee disclosed a mental health problem to me, I would know how to respond to them
If an employee disclosed a mental health problem to me and I was unsure how to respond, I would know who to speak to for additional support
In my role as line manager, I am able to recognise signs of employee distress at work
In my role as line manager, I would be flexible in offering adjustments or accommodation to an employee with mental ill health at work
In my role as line manager, I have taken part in training to improve my ability to support employees with mental ill health at work
In my role as line manager, I provide opportunities for employees to talk about mental health as part of staff development and review discussions

Appendix 2: Employer A Comparison of agreement with survey questions from baseline to post intervention



Appendix 3: Employer B Comparison of agreement with survey questions from baseline to post intervention



Appendix 4: Evaluation Team

This project brought together two experienced academic staff and researchers. The project was led by Dr Ian Kenvyn, as project director. He carried out the qualitative aspects of the evaluation. He worked alongside Nina Fryer as an evaluation partner, who carried out the quantitative aspects of the evaluation.

Dr Ian Kenvyn - Biography

Employed as a lecturer in Higher Education at Leeds Trinity University for more than 24 years. Ian has an institutional role in leading initiatives that focus on health and wellbeing. Within his work he is part of the Project Team managing the 'United Kingdom Healthy Universities Network'. He also wrote the guidance package on 'staff experience' on the Healthy Universities Website. He leads the MSc module in Workplace Wellbeing that engages with the national workplace wellbeing agenda and supports organisations in the private, public and third sector to secure the wellbeing of their employees and the associated business-case benefits for the sponsoring organisation. He developed an innovative Foundation Degree in Workplace Wellbeing alongside NHS Hull (now City Health Care Partnership) to upskill employees to be effective agents for change within the workplace. This programme was recognised by Foundation Degrees Forward as a nationally significant innovation, and the Yorkshire and Humberside teaching public health networks awarded the partnership an award 'recognising innovative practice that stands out from the crowd'. Ian is qualified as an Exercise Prescription Consultant, with a specialism in Mental Health, and as a Mental Health First Aid Award Trainer he has delivered that award in a variety of settings. Ian was also recently made a Fellow of the Royal Society for Public Health. Ian has conducted evaluations for Lishi International's 'V' volunteering programme (community based) and for Sheffield University in their evaluation of staff health and wellbeing in 2012.

Nina Fryer – Biography

Nina joined Leeds Trinity University in June 2007 as a Senior Lecturer and Programme Leader for the departments' ground-breaking MSc in Health and Wellbeing, a course which is focussed on bridging the skills, knowledge and research gap for employees across the public, private and voluntary sector in health and wellbeing improvement. Nina joined Leeds Trinity from the University of Leeds, where she was UK university sectors only full time employed Wellbeing Project Manager. During her time at Leeds, alongside developing and implementing the health and wellbeing strategy for the 8,000 strong staff at the University, Nina contributed towards Dame Carole Black's review of the health of the working age population of Great Britain, was a guest speaker at the MIND National Conference (2009), and was a panel member for the Office for National Statistics' public consultation on a National Measure of Wellbeing. In addition, Nina successfully achieved and delivered a £75,000 Higher Education Funding Council (HEFCE) multi university wellbeing pilot, leading to follow on funding of a £750,000 Wellbeing in HE three year project. Nina's innovative work in this sector was recognised by the Healthy Universities Network award for Innovative Practice that stands out from the Crowd (2009), and by the National Business Association (NBA) Health Work and Wellbeing awards (runner up 2008).